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# Chain of Custody Form

Page 1 of 1

COC ID: 143949

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K1902516

ALS Project Manager:

ALS Work Order #:

Customer Information		Project Information		Parameter/Method Request for Analysis												
Purchase Order		Project Name	Deer Park Fire	A	PFAS											
Work Order		Project Number		B	BTEX by 8260											
Company Name		Bill To Company	ITC	C												
Send Report To		Invoice Attn		D												
Address		Address	1030 Ethyl Rd (Command Center)	E												
				F												
City/State/Zip		City/State/Zip	Deer Park/TX	G												
Phone		Phone	989-714-9856	H												
Fax		Fax		I												
e-Mail Address		e-Mail Address		J												

No.	Sample Description	Date	Time	Matrix	Pres.	# Bottles	A	B	C	D	E	F	G	H	I	J	Hold
1	WT-20190322-SF-001	3/22/19	0931	W	8	2	X										
2	WT-20190322-SF-002	3/22/19	0952	W	8	2	X										
3	WT-20190322-SF-003	3/22/19	1005	W	8	2	X										
4	WT-20190322-SF-004	3/22/19	1016	W	8	2	X										
5	WT-20190322-SF-005	3/22/19	1117	W	1.8	3		X									
6	WT-20190322-SF-006	3/22/19	1131	W	1.8	3		X									
7	WT-20190322-SF-007	3/22/19	1150	W	1.8	3		X									
8	WT-20190322-SF-008	3/22/19	1202	W	1.8	3		X									
9																	
10																	

Sampler(s) Please Print & Sign Rebekah Alvestrup		Shipment Method FEDEX		Required Turnaround Time: (Check Box) <input type="checkbox"/> STD 10 Wk Days <input checked="" type="checkbox"/> 5 Wk Days <input type="checkbox"/> 2 Wk Days <input type="checkbox"/> 24 Hour				Results Due Date:					
Relinquished by: [Signature]		Date: 03/22/19	Time: 1:00	Received by: [Signature]				Notes: BTEX 5 Day Turnaround					
Relinquished by:		Date: 3/23/19	Time: 1020	Received by (Laboratory):				Cooler ID	Cooler Temp	QC Package: (Check One Box Below)			
Logged by (Laboratory):		Date:	Time:	Checked by (Laboratory):						<input type="checkbox"/> Level II Std QC <input type="checkbox"/> Level III Std QC/Raw Date <input type="checkbox"/> Level IV SW846/CLP <input type="checkbox"/> Other			
Preservative Key: 1-HCl 2-HNO <sub>3</sub> 3-H <sub>2</sub> SO <sub>4</sub> 4-NaOH 5-Na <sub>2</sub> S <sub>2</sub> O <sub>3</sub> 6-NaHSO <sub>4</sub> 7-Other 8-4°C 9-5035													

PC KC

## Cooler Receipt and Preservation Form

Client ITC Service Request K19 02516  
Received: 3/23/19 Opened: 3/23/19 By: R Unloaded: 3/23/19 By: R

1. Samples were received via? USPS Fed Ex UPS DHL PDX Courier Hand Delivered  
2. Samples were received in: (circle) Cooler Box Envelope Other NA  
3. Were custody seals on coolers? NA Y N If yes, how many and where? one, front  
If present, were custody seals intact? Y N If present, were they signed and dated? Y N

Raw Cooler Temp	Corrected Cooler Temp	Raw Temp Blank	Corrected Temp Blank	Corr. Factor	Thermometer ID	Cooler/COC ID	Tracking Number	NA	Filed
0.1	-0.2	1.4	1.3	-0.1	393	143949	78619748 1358		

4. Packing material: Inserts Baggies Bubble Wrap Gel Packs Wet Ice Dry Ice Sleeves  
5. Were custody papers properly filled out (ink, signed, etc.)? NA Y N  
6. Were samples received in good condition (temperature, unbroken)? Indicate in the table below. NA Y N  
If applicable, tissue samples were received: Frozen Partially Thawed Thawed  
7. Were all sample labels complete (i.e analysis, preservation, etc.)? NA Y N  
8. Did all sample labels and tags agree with custody papers? Indicate major discrepancies in the table on page 2. NA Y N  
9. Were appropriate bottles/containers and volumes received for the tests indicated? NA Y N  
10. Were the pH-preserved bottles (see SMO GEN SOP) received at the appropriate pH? Indicate in the table below NA Y N  
11. Were VOA vials received without headspace? Indicate in the table below. NA Y N  
12. Was C12/Res negative? NA Y N

Sample ID on Bottle	Sample ID on COC	Identified by:

Sample ID	Bottle Count	Bottle Type	Out of Temp	Head-space	Broke	pH	Reagent	Volume added	Reagent Lot Number	Initials	Time

Notes, Discrepancies, & Resolutions: